

## Glossary

**ACCESS** – An array of treatments, services and supports is available; consumers know how and where to obtain them; and there are no system barriers or obstacles to getting what they need, when they are needed.

**ACCREDITATION** – Certification by an external entity that an organization has met a set of standards.

**ACUITY** – (or acuity level) Used, most often in hospital settings, to describe the intensity of a person's needs for care.

**ACUTE ABSTINENCE SYNDROME** - A group of withdrawal signs and symptoms that occur shortly after a person who is physically dependent on a drug stops taking it.

**AVERAGE DAILY CENSUS (ADC)** – Measurement of the number of people residing in a residential program, usually hospitals.

**ADULT CARE HOME** – An assisted living residence in which 24-hour scheduled and unscheduled personal care services are provided to two or more residents. Some licensed adult care homes provide supervision to people with cognitive impairments who need supervision because their decisions, if made independently, may jeopardize their own or others' safety or well being. Designated, trained staff home may administer medications. Adult care homes that provide care for two to six unrelated residents are commonly called family care homes.

**ADVANCE DIRECTIVE** - A legal document that allows consumers to plan their own mental health care in the event the individual loses the capacity to effectively make decisions. The individual can name a friend and/or an agent (friend or family) to act on his/her behalf to give guidance to the professionals involved in care, treatment according to his/her preferences. Completing an advance directive is an opportunity for the person with disabilities to learn more about the illness and have more control what happens.

**ADVOCACY** – Activities in support of, or on behalf of, people with mental illness, developmental disabilities or addiction disorders including protection of rights, legal and other service assistance, and system or policy changes.

**AFTERCARE**- Supervision or treatment given individuals for a limited time after they are released from a treatment program.

**AGEISM** – Stereotyped and often negative perceptions of older people.

**ALCOHOL OR DRUG TREATMENT (AOD)** – Substance abuse treatment.

**AMBULATORY DETOXIFICATION SERVICE** - An outpatient, medically supervised detoxification service. See **DETOXIFICATION**

**AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)** - An international organization of physicians dedicated to improving the treatment of people with substance use disorders by educating physicians and medical students, promoting research and prevention, and informing the medical community and the public about issues related to substance use. In 1991, ASAM published a set of **patient placement criteria** that have been widely used and analyzed in the alcohol, tobacco and other drug (ATOD) field.

**APPEALS PANEL** - The state mh/dd/sa appeals panel established under NC. G.S. 371.

**AREA DIRECTOR** – The executive who is responsible for mental health, developmental disability, and substance abuse services in a county/area program. This person has at least a master's degree in a behavioral health services discipline and is responsible for developing a system of care in his/her **local** area that brings all possible public and private services into a network. The network must meet the needs of service consumers in that region and conform to the requirements of the DMH/DD/SAS.

**AREA PROGRAM** – A program that is certified by the DHHS Secretary to manage, oversee and sometimes directly provide mental health, developmental disabilities and substance abuse services in a specified geographic area. See also, **COUNTY PROGRAM**.

**ARRAY OF SERVICES** - Group of services available to a consumer.

**ASSERTIVE COMMUNITY TREATMENT (ACT)** – A research-based, multi-disciplinary team providing community-based treatment, rehabilitation and support services to consumers who are at risk of frequent decompensation and hospitalization, arrest or homelessness. ACT Teams maintain primary clinical responsibility and provide services 24 hours a day, seven days a week on a long-term basis. This allows for continuity of caregivers, and thus for increased stability in community living.

**ASSESSMENT** – A comprehensive examination and evaluation of a person's needs for psychiatric, developmental disability or substance abuse treatment, services and/or supports according to applicable requirements.

**AUTONOMY** – An ethical principle that requires policy-makers, advocates, planners, administrators, providers and family members of adult service consumers to respect the right of legally competent individuals to make decisions about the course of their lives.

**BASIC SERVICES** – Mental health, developmental disability or substance abuse services that are available to North Carolina residents who need them whether or not they meet criteria for target or priority populations. See also, **CORE SERVICES**.

**BED DAY ALLOCATION** – A system in which the DMH/DD/SAS sets the number of state psychiatric hospital beds or mental retardation center admissions county/area programs may "buy" in a particular time period. These allocations take into account past usage and private beds available in each geographic area.

**BENCHMARK** - An established standard of achievement used as a point of reference to assess performance.

**BENEFIT DESIGN** – A plan that describes the services to be offered, the degree that service consumers will be expected to share the costs of such benefits, and how consumers can access the services that are available.

**BENEFIT PACKAGE OR PLAN** – An array of treatments, services and/or supports intended to meet the needs of target or priority populations. Also, a selection of treatments, services and/or supports included in a care or service plan for an individual.

**BEST PRACTICE (S)** – Interventions, treatments, services or actions that have been shown to generate the best outcomes or results. The terms, evidence-based, or research-based may also be used.

**BIOPSYCHOSOCIAL** – Medical (biological), psychological, and social or environmental influences on a person's behavior and/or condition.

**BLOCK GRANT** – Funds received from the federal government (or others), in a lump sum, for services specified in an application plan that meet the intent of the block grant purpose. See also, **CATEGORICAL FUNDING**.

**BRIEF INTENSIVE THERAPY** – A limited number of visits with a therapist by people with serious mental illness or by people experiencing overwhelming difficulties that may lead to the person becoming dangerous to self or others. This therapy is often focused on immediate concerns that are expected to improve fairly quickly. .

**BUY-IN OPTIONS** – A recent federal Medicaid reform that allows states to modify Medicaid eligibility rules. The changes allow people with disabilities who are returning to work to secure extended Medicaid coverage. The changes also require such persons to partial payment for such coverage according to rules established by the state.

**CAPITATION** – A method of paying for services based on a flat rate regardless of the number of people using that service. A fee paid per- member- per- month is an example.

**CAP/MR-DD WAIVER** – Waiver of Medicaid regulations that allows one-to-one staff-to-consumer care.

**CASE MANAGEMENT** –The activities of a professional with a great deal of knowledge of the services and programs supported by the public mh/dd/sa system who advocates for access and links individuals to the services.

**CATCHMENT AREA** - The geographic part of the state served by a specific area or county program.

**CATEGORICAL FUNDING** – Funds provided for specific purposes or for services to specific people.

**CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)** - The federal agency responsible for overseeing the Medicaid and Medicare programs. Formerly, it was known as the Health Care Financing Administration, (HCFA).

**THE CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)** - A federal organization that provides national leadership in development of policies, programs, and services to prevent the onset of illegal drug use, to prevent underage alcohol and tobacco use, and to reduce the negative consequences of using substances. CSAP is one of three Centers in the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS).

**THE CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)** - of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), was created in October 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems. CSAT's initiatives and programs are based on research findings and the general consensus of experts in the addiction field that, for most individuals, treatment and recovery work best in a community-based, coordinated system of comprehensive services. Because no single treatment approach is effective for all persons, CSAT supports the nation's effort to provide multiple treatment modalities, evaluate treatment effectiveness, and use evaluation results to enhance treatment and recovery approaches.

**CERTIFICATION** – A statement of approval granted by a certifying agency confirming that the program/service/agency has met the standards set by the certifying agency. CMS is an example of a certifying agency. See also **ACCREDITATION**.

**CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE (CAFAS)** – Measurement system to determine the level of functioning of a child or adolescent.

**CHILD AND ADOLESCENT LEVEL OF CARE UTILIZATION SYSTEM (CA LOCUS)** –System used to determine the appropriate level or intensity of services/supports for children and adolescents.

**CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)** – A program established by the Balanced Budget Act, designed to provide health assistance to uninsured, low-income children either through separate programs or through expanded state Medicaid programs.

**CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES, (CHAMPUS)** – A program of medical benefits available to inactive military personnel, military spouses, dependents and beneficiaries through the Military Health Services System of the Department of Defense.

**CIVIL RIGHTS OF INSTITUTIONALIZED PERSONS ACT (CRIPA)** - Federal law intended to assure that persons involuntarily detained in state psychiatric hospitals or mental retardation centers are treated safely, humanely and with adequate due process as required under the U.S. Constitution. CRIPA investigations are undertaken and litigated by the Department of Justice, Civil Rights Division.

**CLAIM** – An itemized statement of services, performed by a provider network member or facility, which is submitted for payment.

**CLAIMS MANAGEMENT** – The process of receiving, reviewing, adjudicating, paying, and otherwise processing service claims submitted by network and facility providers.

**CLIENT** - An individual who is admitted to or receiving public services. "Client" includes the client's personal representative or designee. See also **CONSUMER**.

**CLINICAL SERVICES** - In mh/dd/sa services, this usually means activities of medical and related professionals. These professionals generally include psychiatrists, social workers, psychologists, nurses and counselors.

**CLINICAL BEST PRACTICE** – Consumer-focused, evidenced-based interventions and/or clinical services that demonstrate the best outcomes for consumers.

**CLINICAL PATHWAYS** –Multidisciplinary plans of best clinical practice for groups of people with a particular diagnosis.

**CLINICAL PRACTICE GUIDELINES** – Utilization and quality management mechanisms designed to aid providers in making decisions about the most appropriate course of treatment for a specific clinical case.

**CLINICAL STATUS** – A type of outcome measure that relates to improvement, control or suppression of the active symptoms of serious and persistent mental illness.

**CLINICAL SUPERVISION** - Intermittent face-to-face contact between a clinical supervisor and treatment staff to ensure that each person being served has an individualized treatment plan and is receiving quality care. It also includes auditing patient files, review and discussion of active cases and direct observation of treatment. In substance abuse treatment, it also means applying supervisory responsibility over substance abuse counselors in regard to at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility, problem identification and resolution, referral for screening, specialized education, alternative activities development, social policy development, environmental change, training and development of risk reduction skills.

**CLIENT OUTCOMES INVENTORY (COI)** – DMH/DD/SAS measurement system for assessing treatment/services outcomes of mental health and substance abuse service consumers.

**COMPETENCE** – The capacity to function effectively. Also a legal term (i.e. competency to stand trial or competency to make decisions in one's own best interest). An individual must be judged incompetent in a court of law or found dangerous to self or others before the person's civil rights may be restricted.

**CONFLICT OF INTEREST** – A situation where self interest could negatively impact the best interests of the person being served or the system.

**CONSENT DECREE** – A contract between a state and the court, usually federal that contains a plan for improving conditions in state programs. See also **SETTLEMENT AGREEMENT**.

**CONSENSUS** - General agreement toward a group decision. It is not the same as total agreement.

**CONSULTATION** – Information shared between or among peers or professionals to increase the ability to manage challenging circumstances. Psychiatric consultation to a cardiologist who is treating a depressed patient is an example. A social worker might consult with another on the best residential placement for an individual with severe and persistent mental illness.

**CONSUMER** – An individual who has been or is receiving publicly funded mental health, developmental disability or substance abuse services or supports. See also **CLIENT**.

**CONSUMER OUTCOMES** - The extent to which individuals receiving services and supports designed to assist in this process reach their life goals. For example, An adult consumer is competitively employed or a child with severe emotional disturbance who attends school regularly.

**CONTINUOUS QUALITY IMPROVEMENT (CQI)** - Programs and activities designed to constantly improve the safety and effectiveness of services.

**CONTRACTOR** - A person or entity that contracts to provide services.

**CO-OCCURRING DISORDERS** – The presence of two or more disorders at the same time (e.g. substance abuse and mental illness; developmental disability and mental illness; substance abuse and physical health conditions). See also, **DUAL DIAGNOSIS**.

**COPAYMENT** – The portion of the cost of services that is to be paid by the service consumer.

**CORE SERVICES** – Services such as screening, assessment, crisis or emergency services available to any person who needs them whether or not they are a member of a target or priority population. Also, universal services such as education, consultation and prevention activities intended to increase knowledge about mental illness, addiction disorders, or developmental disabilities, reduce stigma associated with them and/or prevent avoidable disorders. See also, **BASIC SERVICES**.

**COST PER PATIENT DAY** – An accounting method that determines the actual cost of providing care to individuals.

**COUNTY PROGRAM** – A single county or multi-county program that manages, oversees and sometimes directly provides mental health, developmental disabilities and substance abuse services in a specified geographic area. See also, **AREA PROGRAM**

**CREDENTIALING** – The process of approving providers for membership in a network to provide services to consumers. This term can also refer to a peer competency-based credential similar to a license for professionals.

**CRISIS** – Response to ~~internal or external stressors~~ stressful life events that may seriously interfere with ~~compromise~~ a person's ability to manage. A crisis may be emotional, physical, or situational in nature. The crisis is the perception of and response to the situation, not the situation itself.

**CRISIS INTERVENTION** - Services and supports aimed at helping a person manage a crisis safely and return to his or her regular life.

**CRISIS RESPONSE** – Immediate response to assess for acute mh/dd/sa service needs, to assist with acute symptom reduction, and to ensure that the person in crisis safely transitions to appropriate crisis stabilization services. These services are available 24 hours per day, 365 days per year.

**CRISIS STABILIZATION** – Services and supports following crisis response that are intended to assist the person in crisis to return to his/her regular life.

**CROSS TOLERANCE** - Lower response to a drug that affects the mind because of previous use of another, similar type of drug.

**CULTURAL** – A group of learned behaviors that a certain group of people have in common, They include thoughts, communications, actions, customs, beliefs, values and institutions of different racial, ethnic, religious, age or social groups.

**CULTURAL COMPETENCE** –A process that promotes development of skills, beliefs, attitudes, habits, behaviors and policies which enable individuals and groups to interact appropriately, showing that we accept and value others even when we may disagree with them.<sup>1</sup>

**DAY/NIGHT SERVICES** –Services provided over 3 hours a day. (Differs from periodic services and 24-hour services.)

**DAY TREATMENT SERVICE** - A medically monitored and structured non-residential treatment service provided by an interdisciplinary team for a scheduled number of sessions per day and week that usually includes counseling, case management, group or individual therapy, medical services and mental health services.

**DECOMPENSATION** – A fairly rapid decline in the overall ability of a person to function.

---

<sup>1</sup> University of San Diego

**DE-INSTITUTIONALIZATION** – Release of people, especially mental health patients, from institutions to care, treatment and supports in communities. , De-institutionalization became national policy with the Community Mental Health Centers Act of 1963. The 1997 Supreme Court decision in OLMSTEAD V. LC has given new momentum to development of community based services for individuals who have remained in state hospitals and mental retardation centers because community services were not available.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES, (DHHS)** – NC agency that oversees state government human services programs and activities.

**DETOXIFICATION** - A medically supervised treatment program for alcohol or other drug addiction designed to purge the body of intoxicating or addictive substances. It is often used as a first step in overcoming physical or psychological addiction.

**DEVELOPMENTAL DISABILITY** - A severe, chronic disability of a person which:

a) is attributable to a mental or physical impairment or combination of mental and physical impairments; b) is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22; c) is likely to continue indefinitely and, d) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and e) reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or f. when applied to children from birth through four years of age, may be evidenced as a developmental delay. GS131D-2

**DIAGNOSTIC AND STATISTICAL MANUAL (DSM IV)** – A book, published by the American Psychiatric Association, of special codes that identify and describe mh/dd/sa disorders.

**DIMENSION** - A term used in the ASAM (American Society of Addiction Medicine) patient placement criteria referring to one of six patient problem areas that must be assessed when making placement decisions.

**DIVERSION** –Choosing lower cost and/or less restrictive services and/or supports. For example, choosing a community program instead of sending a person to a state hospital. The term is also used when preventing arrest or imprisonment by placing the individual in treatment. See also, **UTILIZATION REVIEW** and **PRE-AUTHORIZATION**.

**DIVERSION PROGRAMS** - Programs designed to screen people out of the criminal justice system and into appropriate treatment services before they are imprisoned. In North Carolina diversion programs are in place in response to SB859 which prohibits admission of persons with mental retardation to public psychiatric hospitals.

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES (DMH/DD/SAS)** - A division of the State of North Carolina, Department of Health and Human Services responsible for administering and overseeing public mental health, developmental disabilities and substance abuse programs and services.

**DOMAINS** - major areas of concern to the NC public mh/dd/sa system and its mission, goals, and strategies and for which indicators and measures are developed. Examples include access to services and quality of care. The term may also refer to major areas of functioning in life, such as personal relationships, work, school and living arrangements.

**DUAL DIAGNOSIS** – Having more than one disorder or condition such as physical illness and mental illness, mental illness or developmental disability and substance abuse. Since the word dual implies two and it is possible for an individual to have many conditions or disorders, CO-OCCURRING DISORDERS is the more accurate term.

**EARLY PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICES (EPSDT)** – Services provided under Medicaid to children under age 21 to determine the need for mental health,

*State Plan 2002: A Blueprint for Change – Glossary*

developmental disabilities or substance abuse services. Providers are required to provide needed service identified through screening.

**EDUCATION** – Activities designed to increase awareness or knowledge about any and all aspects of mental health, mental illness, developmental disability or substance abuse to individuals and/or groups. See also, **PREVENTION**. Also, activities or programs designed to ensure that service providers are competent to provide services; identified as best practices.

**EMERGENCY SERVICES** – Services designed to assist individuals in an acute crisis who are, or are likely to become, dangerous to themselves or others. Emergency Rooms of general hospitals are one example. See also, **CRISIS SERVICES**.

**EMPLOYEE ASSISTANCE PROGRAM** - A service provided to employees by an employer that aim to identify, motivate to seek help and refer for assistance employees whose job performance is impaired or is at risk of impairment because of personal problems, such as medical, family, marital, financial, legal, emotional and substance abuse or dependency problems.

**FAMILY SUPPORT** – Persons identified by the consumer as either family members or significant others who provide the necessary support for furthering quality of life, attainment of personal life goals or recovery.

**FEDERAL CONFIDENTIALITY LAW GOVERNING ALCOHOL AND DRUG ABUSE PATIENT RECORDS, 42 CFR, part 2** - A federal statute regulating the release of alcohol and drug abuse patient records and patient identifying information.

**FEE SCHEDULE** – A list of reimbursable services and the rate paid for each service provided.

**FEE FOR SERVICE** – The most-used method of payment for health care. A payer pays a service provider for each reimbursable treatment, upon submission of a valid claim, and according to agreed upon business rules.

**FINANCIAL MANAGEMENT AND ACCOUNTABILITY** - Carrying out business functions in an efficient and effective manner.

**FOLLOW-UP** - Checking on the progress of a person who has completed treatment or other services, has been discharged or has been referred to other services and supports.

**FORENSIC** – Term used to describe a person with mental illness, developmental disability or substance abuse who is involved in the criminal justice system. This includes persons found Not Guilty by Reason of Insanity (NGRI), those who are Incompetent to Stand Trial, or who are in jails or prisons or referred to the mental health system by criminal courts for evaluation and treatment.

**FORENSIC PSYCHIATRY** - Branch of psychiatry that decides regarding fitness to stand trial, the need for commitment, or responsibility for criminal behavior in a court of law.

**FORMULARY** – A list of drugs that are considered preferred therapy for a given condition and are to be used by providers in prescribing medications.

**FUNCTIONAL STATUS** – A service consumer's ability to perform the activities of daily living.

**GENERAL FUND** – State funds used by the General Assembly for public programs and initiatives.

**GEOGRAPHIC ACCESSIBILITY** – A measure of access to services, generally determined by drive/travel time or number and type of providers in a service area.

**GRIEVANCES** – A formal complaint by a service recipient that must be resolved in a specified manner.

**HABILITATION** – Activities, treatments, services and/or supports that assist the individual to effectively accomplish activities of daily living.

**HEALTH CHOICE** – The health insurance program for children in North Carolina that provides comprehensive health insurance coverage to uninsured low-income children. Financing comes from a mix of federal, state, and other non-appropriated funds.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)** – A federal Act that protects people who change jobs, are self-employed, or who have pre-existing conditions. The Act aims to make sure that prospective or current service consumers are not discriminated against based on health status.

**HOME AND COMMUNITY BASED SERVICES (HCBS)** - Refers to a federal waiver of Medicaid requirements permitted under the Social Security Act that permits payment for services not ordinarily covered by the Medicaid state plan or to be delivered in a different amount, duration, and scope than services offered by the Medicaid state plan. Federal regulations under the waiver may target specific groups of individuals, such as persons with developmental disabilities, traumatic brain injury, or chronic mental illness, or target specific geographic areas of a state. It also permits the state to set different financial eligibility limits so that additional persons may become eligible for Medicaid through the waiver.

**HOURS PER PATIENT DAY (HPPD)** – Term used to show hours of nursing staff per patient per day on inpatient care units. HPPD may change from day to day, based on intensity of patient needs, numbers of patients on a ward, average number of admissions/discharges and any other factors that impact the amount of direct care staff needed to provide safe and effective care to patients in hospitals.

**HUD SECTION 8 VOUCHERS** –Federal government's major programs for assisting very low income families, elderly and people with disabilities to rent decent, safe and sanitary housing in the private market.

**INPATIENT** – A person who is hospitalized.

**INTERMEDIATE CARE FACILITY (ICF)** - An institution licensed under state law to provide health related care and services to individuals who do not require the degree of care or treatment that a hospital or skilled nursing facility (SNF) provides.

**INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES (ICFMR/DD)** – A facility that provides ICF level of care to eligible persons who have mental retardation or developmental disabilities.

**INSTITUTION FOR MENTAL DISORDERS (IMD)** - Federal rules expressly prohibit Medicaid reimbursement to freestanding IMD's for inpatient services to people between the ages of 22 and 64.

**INDICATORS** - Measurable evidence of the results of activities related to a particular area of concern. Examples include the percent of adult consumers employed or the percent of children with serious emotional disturbance attending school regularly.

**INTEGRATED PAYMENT AND REPORTING SYSTEM (IPRS)** - An electronic, web-based system for reporting services and making payments that will eventually replace the Willie M., Thomas S., and Pioneer systems of claims processing. The IPRS system will be built on the existing Medicaid Management Information System (MMIS) currently processing Medicaid claims for the Division of Medical Assistance, (DMA). The goal of the IPRS project is to replace the existing UCR systems with one integrated system for processing and reporting all MH/DD/SAS and Medicaid claims.

**INTENSITY OF NEED** – A measurement of the amount, duration, scope, frequency and cost of a benefit package for a specific individual.

**INTENSITY OF SERVICE** - The degree or extent to which a treatment or service is provided, depending on a patient' level of need. Some treatments and services are considered more intensive than others. For example, medically managed inpatient treatment is more intensive than outpatient treatment, or a halfway house. Other services, such as vocational training, can be more or less intense, depending on patient needs. See also **LEVELS OF CARE**.



**INTERVENTION** - Activities aimed at interrupting an action or a behavior that is harmful to progress and recovery.

**INVOLUNTARY CIVIL COMMITMENT** – A medical, social and legal process that permits states to hospitalize persons against their will if, because of a mental disability, they pose a danger to themselves or others.

**INVOLUNTARY OUTPATIENT COMMITMENT** – State law enabling courts to require outpatient treatment for people with mental illness or substance abuse who need treatment but who are incapable of deciding voluntarily to seek it.

**JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO)** – Agency that reviews the care provided by hospitals and determines whether accreditation is warranted.

**LENGTH OF STAY (LOS)** – The amount of time that a person remains in a residential program, including hospitals, expressed in days.

**LEVEL OF CARE (LOC)**- A structured system of types of care. For substance abuse programs, As used in the ASAM criteria for substance abuse, this term refers to four broad areas of treatment placement, ranging from inpatient to outpatient.

**LICENSURE** – A state or federal regulatory system for service providers to protect the public health and welfare. Licensure of healthcare professionals and hospitals are examples.

**LINKAGE/BROKERAGE** – Usually a case management activity of assisting individuals to access needed services in various agencies or from multiple providers.

**LOCAL BUSINESS PLAN** – In the reformed mh/dd/sa system, a comprehensive plan required of local management entities for mental health, developmental disabilities and substance abuse services in a certain geographical area.

**LOCAL MANAGING ENTITY (LME)** - The local agency that plans, develops, implements and monitors services within a specified geographic area according to requirements of the DMH/DD/SAS. Includes developing a full range of services that provides inpatient and outpatient treatment, services and/or supports for both insured and uninsured individuals.

**MANAGED CARE** – A health care delivery system that attempts to keep costs down by managing the care to eliminate unnecessary treatment and reduce expensive hospital care. The most familiar models are health maintenance organizations (HMOs) and preferred provider organizations (PPO's).

**MANAGING ENTITY** – The local agency that plans, develops, implements and monitors services within a specified area. See also, **COUNTY PROGRAM** and **AREA PROGRAM**.

**MARKET SHARE** – Business term meaning the percent of total product need that is provided by a specific provider or business.

**MEASURES** - Methodologies applied to derive and calculate indicators. Examples:

- Adult consumer performs paid work for at least 20 hours per week.
- SED child attends at least 90% of regularly scheduled school days.

**MEDICAID** – A jointly funded federal and state program that provides hospital and medical expense coverage to low-income individuals and certain elderly people and people with disabilities.

**MEDICAID MATCH** – Federal government rule requiring that the state/local government match the federal government funds for Medicaid reimbursement services. In North Carolina, this is approximately 60% federal/40% state/local match.

**MEDICAID DISINCENTIVES** – Eligibility rules in the Medicaid and Social Security programs that get in the way of people with disabilities being able to return to work. A number of recent legislative reforms now permit some of these disincentives to be overcome.

**MEDICAL CO-MORBIDITY** - Presence of two serious illnesses at once; for example, drug addiction and acquired immunodeficiency syndrome.

**MEDICAL DIRECTOR** – A qualified physician responsible for establishing and overseeing medical policy throughout the system.

**MEDICALLY MANAGED SERVICES** - Services provided or directly managed by a physician.

**MEDICALLY MONITORED SERVICES** - Services provided under the direction and supervision of a physician. The physician may or may not directly administer care to the patient.

**MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION SERVICE** - A 24-hour per day service in a residential setting providing detoxification service and monitoring, with care provided by a multidisciplinary team of service personnel including 24-hour nursing care under the supervision of a physician.

**MEDICALLY NECESSARY** - Criteria established to ensure that treatment is necessary and appropriate for the condition or disorder for which the treatment is provided. Review methods include retrospective, concurrent and pre-treatment reviews. See **UTILIZATION REVIEW**.

**MEDICARE** – A federal government hospital and medical expense insurance plan primarily for elderly people and people with disabilities.

**MEDICARE PART A** – The part of Medicare that provides basic hospital coverage automatically for most eligible persons over sixty-five or for people with disabilities.

**MEDICARE PART B** – A voluntary program that is part of Medicare and provides benefits to cover the costs of physician services.

**MEDICARE SUPPLEMENT** – A private medical expense insurance that supplements Medicare coverage. Also known as a Medigap policy.

**MEMORANDUM OF AGREEMENT (MOA)** – A written document, signed by two or more parties, containing policies and/or procedures for managing issues that impact more than one agency or program.

**MEMORANDUM OF UNDERSTANDING (MOU)** – Same as MOA

**MENTAL ILLNESS** – Collective term for all mental disorders. See also, **MENTAL HEALTH**, **SERIOUS MENTAL ILLNESS**, and **SERIOUS AND PERSISTENT MENTAL ILLNESS**.

**MOST IN NEED**– The most severely disabled individuals with mental illness, developmental disabilities or substance abuse. Also, the basis for establishing target or priority populations.

**NATIONAL PRACTITIONER DATA BANK (NPDB)** – A database maintained by the federal government that contains information on physicians and other medical practitioners against whom medical malpractice claims have been settled or other disciplinary actions that have been taken.

**NATURAL SUPPORTS** - Places, things and, particularly, people who are part of our interdependent lives and whose relationships are reciprocal in nature.

**NEEDS ASSESSMENT** - A process by which an individual or system (e.g., an organization or community) examines existing resources to determine what new resources are needed or how to reallocate resources to achieve a desired goal.

**NETWORK** – A group of providers who have been approved by a managing entity to provide services to consumers.

**NORTH CAROLINA SUPPORT NEEDS ASSESSMENT PROFILE (NC-SNAP)** – Assessment instrument used to determine the care or supports needed by a person with developmental disabilities.

**OLMSTEAD v. LC** – A recent U.S. Supreme Court decision that found that people with disabilities have a right to choose services in the least restrictive environment. North Carolina has an OLMSTEAD Plan in *State Plan 2002: A Blueprint for Change – Glossary*

place to develop more community-based services for many people who currently reside in state institutions.

**OUTCOMES IMPROVEMENT** - A quality improvement process to assure that services produce expected results for consumers.

**OUTCOMES MEASURES** – At the individual level, events used to determine the extent to which service consumers improve their levels of functioning, improve their quality of life, or attain personal life goals as a result of treatments, services and/or supports provided by the public and/or private systems. At the system level, these are events used to determine if the system is functioning properly.

**OUTPATIENT SERVICES** – A collection of services for persons with mental illness or addiction disorders. They may include any of the following but are not limited to assessment, medication management, psychotherapies, family therapy, care coordination or case management, supportive employment programs, housing assistance, rehabilitation programs and activities, Assertive Community Treatment (ACT), Homeless Outreach, prevention programs, and others. Outpatient services can be provided in a variety of settings, including the person's home, and contain a few or any number of service elements.

**PAID SUPPORTS** - The people, places and things that are part of our lives because we purchase them in order to achieve specific outcomes.

**PARITY** – A series of initiatives at the national and local levels for private and public health insurers to provide equitable coverage for treatment of mental disorders compared to physical illnesses.

**PARTIAL HOSPITALIZATION** – Programs that provide care and treatment for individuals several hours per day but not overnight. More structured and therapeutic than the “clubhouse” model.

**PARTICIPANT-DRIVEN** – An approach to care in which the consumer, with assistance from family members, friends, and other persons when necessary, determines the services and supports that are needed to enhance his/her quality of life.

**PATIENT IDENTIFYING INFORMATION** – The name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient can be determined with reasonable accuracy and speed, either directly or by reference to other publicly available information. See division Web site. Patient identifying information\* (42 C.F.R. 2.11).

**PATIENT PLACEMENT CRITERIA (PPC)** - Standards of, or guidelines for, alcohol, tobacco and other drug (ATOD) abuse treatment that describe specific conditions under which patients should be admitted to a particular **level of care** (admission criteria), under which they should continue to remain in that **level of care** (continued stay criteria), and under which they should be discharged or transferred to another level (discharge / transfer criteria). PPC generally describe the settings, staff, and services appropriate to each **level of care** and establish guidelines based on ATOD diagnosis and other specific areas of patient assessment.

**PEER REVIEW** – The analysis of clinical care by a group of that clinician's professional colleagues. The provider's care is generally compared to applicable standards of care, and the group's analysis is used as a learning tool for the members of the group.

**PEER SUPPORT** – Services offered by mental health consumers, persons with addictions or others to provide support to one another. Peer support services can include drop-in centers, warm lines, peer respite care or support groups. Peer support services are often a part of rehabilitation and recovery programs.

**PERFORMANCE IMPROVEMENT** – A Quality improvement process of measuring and improving system performance, especially regarding key domains of interest.

**PERFORMANCE MEASURES** – Quantitative measures of the quality of care provided by a provider that consumers, payers, regulators and others can use to compare the care or provider to other care or providers.

**PERIODIC SERVICES** – Short-term re-occurring visits over time. (Differs from day/night services and 24-hour services.)

**PERSON-CENTERED PLANNING** - A process concerned with learning about the individual's whole life, not just the issues related to the person's disability. The process involves assembling a group of supporters, on an as-needed basis, who are selected by the individual with the disability and who have the closest personal relationship with them and are committed to supporting the person in pursuit of real life dreams. The planning process is interested in learning who the person is as an individual and what he/she desires in life. The process is interested in identifying and gaining access to supports from a variety of community resources, one of which is the community mh/dd/sa system, that will assist the person in pursuit of the life he/she wants. Person-centered planning results in a written individual support plan.

**PHYSICAL DEPENDENCE** - A condition in which the brain cells have adapted as a result of repeated exposure to a drug and consequently require the drug in order to function. If the drug is suddenly made unavailable, the cells become hyperactive. The hyperactive cells produce the signs and symptoms of drug withdrawal.

**PRE-AUTHORIZATION** – The process of approving use of certain resources in advance rather than after the service has been provided. Approval for admission to hospitals is one example.

**PREVENTION** – Activities aimed at teaching and empowering individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behaviors and lifestyles and by reducing risks contributing mental illness, developmental disabilities and substance abuse. Universal prevention programs reach the general population; selective prevention programs target groups at risk for mental illness, developmental disabilities and substance abuse; indicated prevention programs are designed for people who are already experiencing mental illness or addiction disorders.

**PREVENTION RECORD** - Documentation of prevention activities and strategies directed to targeted populations.

**PRIMARY SOURCE VERIFICATION** – A process through which an organization validates credentialing information from the organization that originally issued the credential to the practitioner.

**PRIOR AUTHORIZATION** – A managed care process that approves the provision of services before they are delivered.

**PRIORITY POPULATIONS** – Groups of people within target populations who are considered most in need of the services available within the system.

**PRIVILEGING** – Process for determining, usually through training and supervision that an individual provider has the necessary skills and knowledge to offer designated services.

**PROGRAM** - A fixed and defined arrangement of services most typically provided within a particular building or narrowly scoped model of practice. These include day programs and residential programs with entrance and exit criteria and a specified set of services.

**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)** - A highly structured, multidisciplinary program of intensive treatment, rehabilitation and support services to individuals in their homes, on the job, and in social settings. See also, **ASSERTIVE COMMUNITY TREATMENT**.

**PROMPT SERVICES** - Services provided when needed. For target or priority populations, routine appointments within 14 days, initial hospital discharge visits within 3 days, urgent visits within 2 days, emergent visits immediately and no later than 24 hours qualify as prompt. See also, **TIMELY SERVICES**.

**PROVIDER** – A person or an agency that provides mh/dd/sa services, treatment, supports.

**PROVIDER PROFILING** – The process of compiling data on individual provider patterns of practice and comparing those data with expected patterns based on national or local statistical norms. The data may include medication prescribed, hospital length of stay, size of caseload, and other services,

**PSYCHOSOCIAL REHABILITATION** – A variety of social, learning, vocational and community living skill-building programs. Programs that focus on principles of recovery often achieve very successful outcomes.

**PUBLIC MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE**

**SERVICES SYSTEM** – The network of managing entities, service providers, government agencies, institutions, advocacy organizations, commissions and boards responsible for the provision of publicly funded services to consumers.

**PUBLIC SERVICES** - Publicly funded mental health, developmental disabilities, and substance abuse services delivered by public and private providers.

**QUALIFIED PROVIDER** – A provider who meets the provider qualifications as defined by rules adopted by the Secretary of Health and Human Services.

**QUALITY ASSURANCE (QA)** - process to assure that services are minimally adequate, client rights are protected, and organizations are fiscally sound. QA involves periodic monitoring of compliance with standards. Examples include:

- Establishment of minimum requirements for documentation and service provision.
- Licensure and certification of individuals, facilities, and programs.
- Investigation of allegations of fraud and abuse.

See also, **QUALITY MANAGEMENT**.

**QUALITY IMPROVEMENT (QI)** – process to assure that services, administrative processes, and staff are constantly improving and learning new and better ways to provide services and conduct business. The goals of QI are consistent with the mission and vision of the Division. As distinct from QA, the purpose of QI, also referred to as continuous quality improvement (CQI), is to continuously improve the process and outcome (quality) of treatments, services, and supports provided to consumers. QI consists of the regular and systematic assessment of vital indicators of organizational performance (i.e., data), the identification and evaluation of trends, and when problems are identified, systematic problem-solving to develop solutions to the identified problems. Special teams may be developed to further investigate and propose solutions to identified problems. Solutions to organizational problems are implemented by quality improvement teams and are systematically evaluated for effectiveness and on-going problem-solving until a satisfactory resolution is reached. QI is proactive, seeking opportunities to continually improve processes to achieve better outcomes. Examples include:

- Forming teams to identify data to be collected, retrieve the data, analyze it and design improvements in the system.
- Development and implementation of evidence-based practice guidelines.
- Conducting targeted studies to determine how to improve service delivery.

**QUALITY MANAGEMENT (QM)**- framework for assessing and improving services and supports, operations, and financial performance. Processes include:

- Quality assurance, such as external review of appropriateness of documentation.
- Quality improvement, such as design and implementation of actions to address access problems.
- Utilization review, such as the review of case records to determine appropriateness of services and documentation.
- Utilization management, such as the pre-authorization of inpatient services.

**QUALITY SERVICE** – Convenient, comprehensive services that meet individual needs and are delivered in a clinical and culturally competent manner.

**RECOVERING STAFF** - Counselors with and without educational degrees working in the substance abuse treatment field who are in recovery.

**RECOVERY** – A personal process of overcoming the negative impact of a disability despite its continued presence. Like the victim of a serious accident who undergoes extensive physical therapy to minimize the impact of damaging injuries, people with active addictions as well as serious, disabling mental illnesses and developmental disabilities can also make substantial recovery through symptom management, psychosocial rehabilitation, other services and supports, and encouragement to take increasing responsibility for self.

**REFERRAL** - Establishing a link between a person and another service or support by providing authorized documentation of the person's needs and recommendations for treatment, services, and supports. It includes follow-up in a timely manner consistent with best practice guidelines.

**REGISTER** – The process of gathering initial data and entering an individual into the service system.

**RELAPSE PREVENTION** - Any strategy or activity designed to assist an alcohol or other drug user who has become abstinent from returning to active alcohol or drug use. Relapse prevention also refers to specific cognitive-behavioral treatment "that combines behavioral skill-training procedures with cognitive intervention techniques to help individuals maintain desired behavioral changes. It draws from both health psychology and social-cognitive therapy and uses a "psycho educational self-management approach to substance abuse designed to teach patients new coping responses (e.g., alternatives to addictive behavior), to alter unhelpful beliefs and expectations concerning substance abuse, and to change personal habits and lifestyles.

**RELAPSE PREVENTION PLAN** – A shared understanding between the consumer, clinicians, and significant others of behaviors, feelings and thoughts that indicate the onset of symptom destabilization and those actions and activities that will prevent the continued progress of symptom destabilization. A formal written acknowledgement of this plan is an **ADVANCE DIRECTIVE**.

**REPORT CARDS** – Reports of a set of performance measures applied uniformly to different providers as a method of evaluating effectiveness.

**RESPITE CARE** – A service designed to provide temporary care for a person with a disability who ordinarily lives with family or friends, or to assume temporary responsibility for care of the person in his/her own home. This service provides back-up support and in some cases relief to persons responsible for care of ill or people with disabilities who ordinarily live in their household.

**RETROSPECTIVE AUTHORIZATION** – Authorization to provide services after the services have been delivered.

**REVENUES** – Money earned through reimbursements paid for covered services.

**SAFETY NET** - The responsibility of the public mental health, developmental disability and substance abuse services system to serve, treat and support seriously ill people who, no matter how needy, would not otherwise receive services.

**SCREENING** – An abbreviated assessment or series of questions intended to determine whether the person needs referral to a provider for additional services. A screening may be done face-to-face or by telephone, by a clinician or paraprofessional who has been specially trained to conduct screenings. Screening is a core or basic service available to anyone who needs it whether or not they meet criteria for target or priority populations.

**SEAMLESS** - Treatment system without gaps or breaks in service, such that persons being served transition smoothly and with ease from one treatment component to another.

**SELECTED PREVENTION** - See **PREVENTION**

**SELF-DETERMINATION** – The right to and process of making decisions about one's own life.

**SEVERELY EMOTIONALLY DISTURBED (SED)** – A designation for people under 18 years of age who, because of their diagnosis, the length of their disability and their level of functioning, are at the greatest risk for needing services.

**SEVERELY MENTALLY ILL (SMI)** – Refers to adults with a mental illness or disorder that is described in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, that impairs or impedes functioning in one or more major areas of living and is unlikely to improve without treatment, services and/or supports. People with serious mental illness are a target or priority population for the public mental health system for adults.

**SERIOUSLY AND PERSISTENTLY MENTALLY ILL (SPMI)** – Refers to people whose mental disorder is so severe and chronic that it prevents or erodes development of their functional capacities in primary aspects of daily life such as personal hygiene and self care, decision-making, interpersonal relationships, social transactions, learning and recreational activities. Same as **SERIOUS, DISABLING MENTAL ILLNESS AND CHRONIC MENTAL ILLNESS**.

**SERVICE** – A fixed and defined arrangement, such as social work services or nursing services, which are delivered within a scope of professional practice.

**SERVICE MANAGEMENT** - At the consumer level, this means a professional, with a great deal of knowledge of the services and programs supported by the public system, managing a set of services by advocating for access and linking the person to the services. At the system level, this means activities such as implementing and monitoring a set of standards for access to services, supports, treatment; making sure that people receive the appropriate level and intensity of services; management of state facilities' bed days, making sure that networks create consumer choice in service providers.

**SPECIALTY SERVICES** - Services provided to people with disabilities that affect relatively few people.

**SSA** - (Social Security Administration) The agency designated by the governor and the state government to coordinate state substance abuse services across government lines.

**STANDARDS** – Activities generally accepted to be the best method of practice. Also, the requirements of licensing, certifying, accrediting, or funding groups.

**STANDARD OF CARE** – A diagnostic and/or treatment process that a clinician should follow for a certain type of patient, illness or clinical circumstance.

**STATE MENTAL HEALTH AUTHORITY** – The single state agency designated by each state's governor to be responsible for the administration of publicly funded mental health programs in the state. In North Carolina that agency is the Department of Health and Human Services.

**STATE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES PLAN** – Plan for Mental Health, Developmental Disabilities and Substance Abuse Services in North Carolina. This statewide plan forms the basis and framework for mh/dd/sa services provided across the state.

**STATE OR LOCAL CONSUMER ADVOCATE** - The individual carrying out the duties of the state Local Consumer Advocacy Program Office

**STIGMA** – In this case, negative attitudes towards people with mental illness, developmental disabilities or addiction disorders.

**SUBSTANCE ABUSE** – The DSM IV defines substance abuse as occurring if the person 1) uses drugs in a dangerous, self defeating, self destructive way and 2) has difficulty controlling his use even though it is sporadic, and 3) has impaired social and/or occupational functioning all within a one year period.

**THE SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION OF THE FEDERAL GOVERNMENT (SAMHSA)** - SAMHSA is an agency of the U.S. Department of Health and Human Service. It is the federal umbrella agency of the Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and the Center for Mental Health Services.

**SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SAPTBG)** - A federal program to provide funds to states to enable them to provide substance abuse services.

**SUBSTANCE DEPENDENCE** - DSM IV defines substance dependence as requiring the presence of tolerance, withdrawal, and/or continuous, compulsive use over a 1year period.

**SUPPORTS** – Any of a large number of flexible activities or material resources intended to assist people to gain and maintain meaningful lives as citizens of their communities. See **NATURAL SUPPORTS, PAID SUPPORTS**

**SUPPORT BROKER** – A staff person who acts as an intermediary between the individual who needs supports and the agencies or programs that actually provide the supports.

**SYNAR AMENDMENT** – Section 1926 of the Public Health Service, is administered through the Substance Abuse Prevention and Treatment (SAPT) Block Grant and requires states to conduct specific activities to reduce youth access to tobacco products. The Secretary of the US Department of Health and Human Services is required by statute to withhold SAPT Block Grant funds (40% penalty) from states that fail to comply with the SYNAR Amendment.

**SYSTEM OF CARE VALUES** - Child centered, family focused, community based, culturally competent.

**SYSTEM OF CARE PRINCIPLES -**

- Array of appropriate services address whole child/family.
- Individualized, integrated service plan.
- Services - clinically appropriate, delivered in least restrictive and most normative environment.
- Family - full participants in planning and delivery of services.
- Integration - between all systems involved in child/family's life, case management to ensure.
- Early identification with positive outcome anticipation.
- Smooth transition to adult service systems.
- Rights protected and effective advocacy.
- Receive services without regard to race, religion, national origin, sex, physical disability or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

**SYSTEM PERFORMANCE** - The extent that a system achieves its goals. The goals of the state mh/dd/sa system are found in the DMH/DD/SAS mission, vision and guiding principles.

**SYSTEM PERFORMANCE MEASUREMENT** - The process of assessing progress toward achieving state mh/dd/sa system goals and whether or not its principles have been applied and upheld.

**TARGET POPULATIONS** –Groups of people with disabilities with attributes considered most in need of the services available within the system; populations as identified in federal block grant language. See also, **PRIORITY POPULATIONS**.

**THOMAS S. PROGRAM** – A court-ordered program of services for persons with mental retardation and a co-occurring mental illness or substance abuse disorder, which was created in response to a class-action lawsuit. The State of North Carolina was relieved from the court-ordered program in 1999.

**TIMELY SERVICES** - Access to services in a timeframe appropriate to their needs. Appointment with a physician within 72 hours of discharge from an acute psychiatric hospital unit is an example. See also, **PROMPT SERVICES**.

**TRANSITION** – The time in which an individual is moving from one life/development stage to another. Examples are the change from childhood to adolescence, adolescence to adulthood and adulthood to older adult.



**TREATMENT** - The planned provision of services that are sensitive and responsive to a patient's age, disability, if any, gender and culture, and that are conducted under clinical supervision to assist the patient through the process of recovery.

**TRIAGE** - One name for a process by which people are assessed to determine the type of services and level of care they will require.

**UNBUNDLED SERVICES** – A method of accounting or reimbursing for services on the basis of individual service components instead of using an all-inclusive rate covering all specified services. Fee for service is an example of unbundled rates.

**UNIFORM PORTAL ACCESS** - The standardized process and procedures used to ensure consumer access to, and exit from, public services in accordance with the State Plan.

**UNIVERSAL PREVENTION** - Activities aimed at the general population to teach and empower individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behaviors and lifestyles and by reducing risks contributing mental illness, developmental disabilities and substance abuse.

**UTILIZATION MANAGEMENT (UM)** - a process to regulate the provision of services in relation to the capacity of the system and needs of consumers. This process should guard against under-utilization as well as over-utilization of services to assure that the frequency and type of services fit the needs of consumers. UM is typically an externally imposed process.

**UTILIZATION REVIEW (UR)** - an analysis of services, through systematic case review, with the goal of reviewing the extent to which necessary care was provided and unnecessary care was avoided. UR is typically an internally imposed process.

**VOLUME OF SERVICES** – Method of representing the amount of services provided by a service provider.

**Willie M. Program** – A court-ordered program of services for children who were aggressive, had emotional or behavioral disorders and for whom the state was not providing appropriate services. The State of North Carolina was relieved from the court-ordered program in 1999.

**WITHDRAWAL** - A psychological and / or physical syndrome caused by the abruptly stopping or reducing substance use that has been heavy and prolonged. The symptoms include clinically significant distress or impairment in social, occupational or other important areas of functioning and are not due to a general medical condition or accounted for by another mental disorder.

**YOUTH DEVELOPMENT CENTER** – A specialized residential service for adolescents.